

07/05/01

Please type a plus sign (+) in

boy

07-06-01

PTO/SB/05 (08-00)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

| | |
|--|--|
| Attorney Docket No. | PH-7176 |
| First Inventor or Application Identifier | |
| Shuang Liu | |
| Title | STABLE RADIOPHARMACEUTICAL COMPOSITIONS AND METHODS FOR PREPARATION THEREOF |
| Express Mail Label No. | EL387242730US |

| APPLICATION ELEMENTS | | ADDRESS TO | |
|--|--|--|--|
| See MPEP chapter 600 concerning utility patent application contents. | | | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) | | |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> | | |
| 3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> | [Total Pages 127] | a. <input type="checkbox"/> Computer Readable Form (CRF) | |
| <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) [Total 92] - Abstract of the Disclosure | | b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper | |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C.113) | [Total Sheets /] | c. <input type="checkbox"/> Statements verifying identity of above copies | |
| 5. <input type="checkbox"/> Oath or Declaration | [Total Pages /] | ACCOMPANYING APPLICATIONS PARTS | |
| a. <input type="checkbox"/> Unexecuted (copy) | | | |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 17 completed)</i> | | | |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | | | |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) | | |
| | 10. <input type="checkbox"/> 37 C.F.R. §3.73(b)Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> <input type="checkbox"/> Attorney | | |
| | 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> | | |
| | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | | |
| | 13. <input type="checkbox"/> Preliminary Amendment | | |
| | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> | | |
| | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> | | |
| | 16. <input type="checkbox"/> Other: | | |

17. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____ /

Prior application information: *Examiner* _____

Group Art Unit:

For **CONTINUATION** or **DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The Incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

| | | | | | |
|---|---|---|---|-----------------|----------------|
| <input checked="" type="checkbox"/> Customer Number 24348 | |  24348 <small>PATENT TRADEMARK OFFICE</small> | <input type="checkbox"/> Correspondence address below | | |
| Name | Peter L. Dolan | | | | |
| | | | | | |
| Address | DuPont Pharmaceuticals Company – c/o E.I. duPont de Nemours and Co. | | | | |
| | 1007 Market Street | | | | |
| City | Wilmington | State | Delaware | Zip Code | 19898 |
| Country | U.S.A. | Telephone | (302) 992-4528 | Fax | (302) 992-3999 |

| | | | |
|-------------------|---|-----------------------------------|--------------|
| Name (Print/Type) | Peter L. Dolan | Registration No. (Attorney/Agent) | 46,307 |
| Signature |  | | Date |
| | | | July 5, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

07/05/01
U.S. PTO
1051

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 2006.00)

| Complete if Known | |
|----------------------|--------------|
| Application Number | Unknown |
| Filing Date | July 5, 2001 |
| First Named Inventor | Shuang Liu |
| Examiner Name | Unknown |
| Group / Art Unit | Unknown |

Attorney Docket No. PH-7176

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

04-1928

Deposit
Account
Name

DuPont Pharmaceuticals
Company

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money
Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description | Fee Paid |
|-----------------------|----------|-----------------------|----------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 390 | 216 | 195 | Extension for reply within second month | |
| 117 | 890 | 217 | 445 | Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive – unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive – unintentional | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 | Design issue fee | |
| 144 | 600 | 244 | 300 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 130 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 (RCE) | 710 | 279 | 355 | Request for Continued Examination | |
| 169 | 900 | 169 | 900 | Request for expedited examination of a design application | |

Other fee (specify)

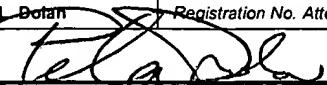
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|----------------------------------|--------|-----------|--------------|
| Name (Print/Type) | Peter L. Dolan | Registration No. Attorney/Agent) | 46,307 | Telephone | 302-992-4528 |
| Signature |  | | | Date | July 5, 2001 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATTY. DOCKET NO. PH-7176 SERIAL NO. Unknown ATTY. \$10
 INVENTOR: Shuang Lin
 EXPRESS MAIL LABEL # EL387242730US

JC903 U.S. PRO
 09/09/8999629
 07/05/01

THE STAMP OF THE PATENT OFFICE HEREON ACKNOWLEDGES THE RECEIPT, ON THE DATE INDICATED, OF THE FOLLOWING:

| | |
|---|--|
| <input checked="" type="checkbox"/> SPECIFICATION (pp <u>127</u>) | <input type="checkbox"/> PETITION FOR EXT. OF TIME |
| # OF CLAIMS <u>92</u> | # OF MONTHS _____ |
| <input checked="" type="checkbox"/> DRAWINGS _SHEET(S) | <input type="checkbox"/> NOTICE OF APPEAL |
| <input type="checkbox"/> DECLARATION/POWER OF ATTORNEY | <input type="checkbox"/> ELECTION |
| # OF PAGES <u>1</u> | <input type="checkbox"/> LETTER |
| <input type="checkbox"/> EXECUTED <input type="checkbox"/> UNEXECUTED | <input type="checkbox"/> ASSIGNMENT |
| <input type="checkbox"/> FEE \$ <u>2006</u> | <input type="checkbox"/> AFFIDAVIT |
| <input type="checkbox"/> AMENDMENT/RESPONSE | <input type="checkbox"/> TERMINAL DISCLAIMER |
| <input type="checkbox"/> IDS AND FORM PTO-1449 | <input type="checkbox"/> ISSUE FEE |
| # OF REFERENCE(S) _____ | |
| <input type="checkbox"/> OTHER _____ | |

**POST OFFICE
TO ADDRESSEE**



UNITED STATES POSTAL SERVICE™

ORIGIN (POSTAL USE ONLY)

| | | |
|--|--|--|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> |
| Date In Mo. Day Year | <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM | Postage \$ |
| Time In <input type="checkbox"/> AM <input type="checkbox"/> PM | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Return Receipt Fee |
| Weight lbs. ozs. | Int'l Alpha Country Code | COD Fee <input type="checkbox"/> Insurance Fee |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials | Total Postage & Fees \$ |

CUSTOMER USE ONLY

METHOD OF PAYMENT:

X198009007

Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

FROM: (PLEASE PRINT)

PHONE ()

DUPONT PHARMACEUTICALS CO
CHESTNUT RUN PLAZA
974 CENTRE RD # WR1ST05
WILMINGTON DE 19805-1269

PL Dolan

PH-7176

TO: (PLEASE PRINT)

PHONE ()

Box Patent Application
Hon. Assistant Commissioner for Patents
Washington, D. C. 20231

PRESS HARD.

You are making 3 copies.

FOR PICKUP OR TRACKING CALL 1-800-222-1811

WWW.usps.gov



Mailing Label
Label 11-1C